

Training & Technical Assistance Plan for SOC Care

Agency/Program Name and Location: _____

Name of Person(s) Completing Plan: _____

1. Please describe the strategic planning process your area used to develop this Training and Technical Assistance Plan.

2. Who participated in the development of this plan?

Please circle the area(s) of primary focus for your area

Cultural Competence Goals:

1. Staff represent cultural diversity of target population and communities at all levels of management, administration, and service delivery.
2. Policies, procedures, and business practices reflect commitment to cultural responsiveness and competence.
3. Child and family team plans reflect use of appropriate, cultural specific services and diverse resources
4. Agencies will develop plans for ongoing sustainable training and practice development.

(Core Elements of SOC Values: child centered, family focused, community based, and culturally competent)

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Priority Goal #1:

Activities/Topics of Training/TA Planned/Needed

Issues to Be Addressed & Expected Outcome of Training/TA

Target Audience for Training/TA

Identity of Training/TA Provider (if known, by topic or issue)

Do you need Assistance to plan or deliver the Training/TA? Please specify.

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Priority Goal #2:
Activities/Topics of Training/TA Planned/Needed
Issues to Be Addressed & Expected Outcome of Training/TA
Target Audience for Training/TA
Identity of Training/TA Provider (if known, by topic or issue)
Do you need Assistance to plan or deliver the Training/TA? Please specify.

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Priority Goal #3:

Activities/Topics of Training/TA Planned/Needed

Issues to Be Addressed & Expected Outcome of Training/TA

Target Audience for Training/TA

Identity of Training/TA Provider (if known, by topic or issue)

Do you need Assistance to plan or deliver the Training/TA? Please specify.